PTO/SB/01 (04-05)
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AT2006-1US

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Number

First Named Inventor

DECLARATION FOR UTILITY OR

DESIGN

PATENT A	COMPLETE IF KNOWN							
(37 CF	R 1.63)	•	Application Nu	nber N	I/A			
Declaration Submitted OR	Declara	tion ted after Initial	Filing Date	N	1/A			
With Initial Filing	Filing (s	surcharge	Art Unit	N	I/A			
Fining	require	R 1.16 (e)) d)	Examiner Nam	e N	I/A			
I hereby declare that:								
Each inventor's residence, ma	iling address, a	and citizenship are	as stated below	next to their	name.			
I believe the inventor(s) name which a patent is sought on the			inventor(s) of th	e subject ma	atter which is clain	ned and for		
Therapeutic and diagn	ostic inocul	ation device	•					
	•				,	·		
						İ		
	 	(Title of the	Invention)					
the specification of which								
is attached hereto								
OR			_					
was filed on (MM/DD/Y	YYY)		as United S	tates Applica	ation Number or P	CT International		
Application Number		and was amende	d on (MM/DD/Y	YYY)		(if applicable).		
I hereby state that I have revie amended by any amendment	wed and under	stand the contents	of the above ide	entified spec	ification, including	the claims, as		
				m				
I acknowledge the duty to di continuation-in-part application	ns, material inf	ormation which bed	came available	between the	e filing date of the	prior application		
and the national or PCT intern	ational filing da	te of the continuation	on-in-part applic	ation.	e foreign applicati	ion(a) for actour		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY		Priority Not Claimed	Certified C	opy Attached?		
03/12464	FR	Oct. 24, 2003		П		<u> </u>		
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				H				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]

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	DECLARATIO	0N — Ut	inty of De	esign	Patent Appl	ication	
correspondence to: ass	sociated with		20	i vi			correspondence address below
Name	·						-
Shihang Nicoleau							
Address 1931 Ambyo Lindo Avenue							- 10- 11- 11- 11- 11- 11- 11- 11- 11- 11
City		, i		State			ZIP
an Diego				CA			92117
Country		Telepho	ne	l		Email	
SA		858-273-1	238			shihongn@y	ahoo.com
hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and fund de are punishat	ther that de by fine	these state or impriso	ement onment	were made or both, und	with the kr er 18 U.S.C.	lowledge that willful fals
NAME OF SOLE OR FIRST IN	VENTOR:		AP	etition	has been filed		
Given Name (first and middle (if	any])	•			Family N	lame or Sum	ame
Gentan A					Terrasse		
Inventor's Signature		7		>			Date May 19 200
Residence: City	State			Coun	try	Citiz	enship
aint Vallier	NA			France		Frenci	1
Mailing Address 49 Rue Anatole France							
49 Rue Anatole France	State				Žip	,, , <u>.</u>	Country
18 Rue Anatole France	State NA				Zip 71230	·	Country France
49 Rue Anatole France City aint Vallier	NA .				71230	as been filed	France
19 Rue Anatole France City aint Vallier NAME OF SECOND INVENTO	NA R:				71230 A petition h	as been filed	France for this unsigned invento
49 Rue Anatole France City aint Vallier NAME OF SECOND INVENTO Given Name (first and middle [il	NA R:				71230 A petition h		France for this unsigned invento
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City aint Vallier NAME OF SECOND INVENTO Given Name (first and middle [if ves inventor's Signature Residence: City routouse Mailing Address	R: rany])			i	7 1230 A petition h Family Na Trehin	ame or Surna	France for this unsigned inventorine Date enship
49 Rue Anatole France City aint Vallier NAME OF SECOND INVENTO Given Name (first and middle [il /ves Inventor's Signature Residence: City	R: rany])			France	7 1230 A petition h Family Na Trehin	ame or Surna	France I for this unsigned inventorime Date Date

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DECLARATION — Utility or Design Patent Application

correspondence to:	ne address sociated with ustomer Numbe	26709 26709				OR		Correspondence address below			
Name											
Shihong Nicolaou											
Address											
4931 Arroyo Lindo Avenue											
City .	City State ZIP								ZIP		
San Diego				CA	•				92117		
Country		Telepho	ne				Ema	il	<u> </u>		
USA		858-273-1	238				shihor	ngn@yal	hoo.com		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST IN	IVENTOR:			etition	has	been filed f	or this	s unsiar	ned inventor		
Given Name (first and middle [if any])						mily Name or Surname				
Gaetan						Terrasse					
Inventor's Signature									Date		
Residence: City	State			Cou	ntry		I	Citizer	nship		
Saint Vallier	NA			France Fr				French			
Mailing Address 149 Rue Anatole France							•				
City	State				Zip		-		Country		
Saint Vallier	NA			71230				F	France		
NAME OF SECOND INVENTO	R:			lr	1 A	petition ha	s beei	n filed fo	or this unsigned inventor		
Given Name (first and middle [f any])			1 1000		Family Nan					
Yves	ł.				1	rehin					
Inventor's Signature	15								Date MAY 19, 2006		
Residence: City	State			Cou	ntry			Citizen			
Toulouse	NA			Franc	e			French			
Mailing Address						``					
10 Chemin des Fontanelles									·		
City	State			Zip				Country			
Toulouse	NA				31500 France			France			
Additional inventors or a legal re	presentative are beir	ng named on	the 1 s	upplem	ental s	heet(s) PTO/S	B/02A	or O2LR a	attached hereto.		

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1						
Name of Additional Joint Inventor, if an	v.	A pe	etition ha	s been filed for this	unsigned	inventor	
Given Name (first and middle (if any)	Family Nar			<u>-</u>			
Emile)	Loria Loria	ne or St	imanie			
							
Inventor's Signature Longle Longle	<u> </u>				Date	5/19/2006	
La Jolla Residence: City	CA State		Sen-Diego USA Country		French Citize	nship	
5916 Via Zurita	,		1 000				
Mailing Address							
La Jolla City	CA State			92037 Zip	USA Count	try	
Name of Additional Joint Inventor, if an		A pe		s been filed for this	_		
Given Name (first and middle (if any))	Family Name or Surname					
					. =.		
Inventor's Signature					Date		
Residence: City	State			Country		Citizenship	
Mailing Address	-		•				
City	State			Zip	Count	in.	
Name of Additional Joint Inventor, if any	•	A pe		s been filed for this			
Given Name (first and middle (if any))	·	Family Name or Surname					
	·						
Inventor's Signature					Date		
Residence: City	State		C	Country		Citizenship	
Mailing Address							

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Application Number	NA	1
Filing Date	NA	_
First Named Inventor	Terrasse et al	_
Title	Therapeutic and Diagnostic Innocula	
Art Unit	N/A	
Examiner Name	N/A	_
Attorney Docket Number	AT2006-1WO	

l her	eby revoke al	l previo	ous powers of attorney giv	en in the ab	ove-id	entified applic	ation.		
l her	eby appoint:							· · · · · · · · · · · · · · · · · · ·	
\checkmark	Practitioners as:	sociated	with the Customer Number:		26	709			
C	OR								
\checkmark	Practitioner(s) named below:								
			Name	 1		Registra	tion Numbe	er	
	Shihong Nicola	ou	***			40	6,960		
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	/our attorney(s) on mark Office conr		s) to prosecute the application is erewith.	dentified above	, and to	transact all busir	ess in the	United State	s Patent and
Please	e recognize or ch	nange the	e correspondence address for th	ne above-identit	ied appl	ication to:			
\checkmark		associat	ed with the above-mentioned Cu	ustomer Numbe	er:		_		
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	The address OR	associat	ed with Customer Number:						
√	Firm or Individual I	Name	Shihong Nicolaou						
	Address		4931 Arroyo Lindo Avenue						
	City		San Diego		State	CA		Zip 9211	7
	Country		USA			1			
I am t	Telephone		858-273-1238		Email	shihongn@yah	oo.com		
	Applicant/Inve	entor.							
			the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form F						
			SIGNATURE of A	Applicant or A	ssignee	of Record		<u>-</u>	/
Signat			n'le LORIS				Date	05/	07/06
Name		Emile Lo	oria C				Telephone	858	459 668
	nd Company				_				
NOTE:	Signatures of all the is required, see	ne invento below*.	rs or assignees of record of the entire	e interest or their	represen	tative(s) are require	ed. Submit m	ultiple forms it	more than one
	*Total of		forms are submitted.						

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POWER OF ATTORNEY and	Application Number	No.		
	Filing Date	Oct. 8, 2003		
	First Named Inventor	Terrasse et al		
CORRESPONDENCE ADDRESS	Title	Therapoutic and Diagnostic Innocula		
INDICATION FORM	Art Unit	N/A		
	Examiner Name	N/A		
	Attorney Docket Number	AT2006-1US		

I hereby revoke all prev	vious powers of attorney given in	the above-id	entified applica	ation.			
I hereby appoint:							
				7			
✓ Practitioners associate	ed with the Customer Number:	26	6709	į			
OR							
Practitioner(s) named below:							
	Name Registration Number						
Shihong Nicoleou			46	,960		┥	
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as my/our attorney(s) or age Trademark Office connected	nt(s) to prosecute the application identifi therewith.	ed above, and to	transact all busine	ess in the U	Inited States Patent a	ind	
Please recognize or change	the correspondence address for the abo	ve-identified and	lication to:				
آ ا	•	• •					
OR OR	stated with the above-mentioned Custom	er Number.		1			
The address associ	ciated with Cuatomer Number.		· , ·]			
Firm or Individual Name	Shihong Nicolaou						
Address	4931 Arroyo Lindo Avenue						
City	San Diego	State	CA		Zip 92117		
Country	USA						
Telephone	858-273-1238	Email	shihongn@yeho	10.00m			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.							
	7 CFR 3.73(b) is enclosed. (Form PTQ/S	8/96)				-	
	SIGNATURE of Applic	ent or Assigned	of Record				
Signature				Date	May 19 20	06	
	an Terrasse 12	(Telephone	<u></u>		
Title and Company							
NOTE: Signatures of all the inversignature is required, see below	intors or assignees of record of the entire inter f.	ost or their represen	nistive(s) ere require	d. Submit mu	ultiple forms if more than	OUB	
Total of	forms are submitted.					die (and b	

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Application Number	N/A
Filing Date	N/A
First Named Inventor	Terrasse et al
Title	Therapeutic and Diagnostic Innocula
Art Unit	N/A
Examiner Name .	N/A
Attorney Docket Number	AT2006-1US

l her	eby revoke all previo	us powers of attorney giv	ven in the ab	ove-ide	entified applic	ation.			
Iher	eby appoint:	Γ							
V	Practitioners associated with the Customer Number: 26709								
\square	Practitioner(s) named below:								
		Name			Registra	tion Numbe	er		
	Shihong Nicolaou				46	6,960			
	viour attorney(s) or agent(s) mark Office connected the	s) to prosecute the application i	identified above	, and to	transact all busir	ness in the	United States Patent and		
	e recognize or change the	e correspondence address for t	he above-identif	fied appl	ication to:				
V	The address associate OR	ed with the above-mentioned C	ustomer Numbe	er:		7			
		ted with Customer Number:					:		
√	Firm or Individual Name	Shihong Nicolaou							
	Address	4931 Arroyo Lindo Avenue							
	City	San Diego		State	CA		Zip 92117		
	Country	USA							
	Telephone	858-273-1238		Email	shihongn@yah	oo.com			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signa	ture .	<u> </u>				Date	MAY 19, 2006		
Name		eĥin	-			Telephone	+33562 463618		
Title a	and Company								
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
	*Total of	forms are submitted.							

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